

CERTIFICATE OF DEATH

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|--------------------|---|--|--|--|
| DEATH RESIDENCE | 1. PLACE OF DEATH A. COUNTY <i>Maricopa</i> | | 2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE <i>Tennessee</i> B. COUNTY <i>Madison</i> | |
| | B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE OR RURAL) <i>Wickenburg Rural</i> | | C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) OR TOWN <i>Mashville</i> | |
| | D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <i>2 1/2 mi. N. Wickenburg Highway 89</i> | | D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>306 3rd Ave. Mach</i> | |
| IDENTIFICATION | 3. NAME OF DECEASED A. (FIRST) <i>Robert</i> B. (MIDDLE) <i>V</i> C. (LAST) <i>Boedfish</i> | | | 4. SEX <i>Male</i> |
| | 6. MARRIED - - - - - <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED | | | 7. DATE OF BIRTH MONTH <i>NOV</i> DAY <i>11</i> YEAR <i>1919</i> |
| | 8. AGE YEARS <i>31</i> MONTHS <i>5</i> DAYS <i>2</i> | | | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <i>Manager & Loan Executive</i> |
| RESIDENCE | 9B. KIND OF BUSINESS OR INDUSTRY <i>Savings & Loan</i> | | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Ohio</i> | 11. CITIZEN OF WHAT COUNTRY? <i>USA</i> |
| | 14. FATHER'S NAME <i>John Henry Boedfish</i> | | 14B. BIRTHPLACE (STATE OR COUNTRY) <i>Ohio</i> | 15A. MOTHER'S MAIDEN NAME <i>Milla Cleveland</i> |
| | 16. INFORMANT'S SIGNATURE <i>Merton Boedfish</i> | | ADDRESS <i>Wickenburg, Arizona</i> | 17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>4 - 13 - 51</i> |
| RESIDENCE | 18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). † THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Fracture Skull & Neck</i> | |
| | † THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED. | | ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <i>Autonoble upset</i> | |
| | PLACE DISEASE CONTRACTED. | | II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. | |
| RESIDENCE | 19A. DATE OF OPERATION | | 19B. MAJOR FINDINGS OF OPERATION | |
| | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| | 21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY) <i>Accident</i> | | 21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <i>Highway 89, north of Wickenburg</i> | |
| RESIDENCE | 21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <i>4 13 51 7P M</i> | | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | |
| | 22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON <i>4-13-51</i> 19 <i>51</i> AND THAT DEATH OCCURRED AT <i>7P M.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE. | | 21F. HOW AND INJURY OCCUR? <i>Autonoble upset</i> | |
| | 23A. SIGNATURE <i>Sheldon Braccian</i> | | 23B. ADDRESS <i>Wickenburg, Arizona</i> | |
| RESIDENCE | 24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/> | | 24B. DATE <i>4-15-51</i> | |
| | 25A. DATE REC'D BY LOCAL REG. <i>4-14-51</i> | | 25B. REGISTRAR'S SIGNATURE <i>Mamie Coffinger</i> | |
| | 25C. NAME OF CEMETERY OR CREMATORY | | 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Mashville Tennessee</i> | |
| RESIDENCE | 26. FUNERAL DIRECTOR'S SIGNATURE <i>H. L. Coffinger</i> | | 27. EMBALMER'S SIGNATURE <i>H. L. Coffinger</i> | |
| | 26. ADDRESS <i>Wickenburg, Arizona</i> | | CERT. NO. <i>188-A</i> | |
| | 27. ADDRESS <i>Wickenburg, Arizona</i> | | CERT. NO. <i>188-A</i> | |

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